

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2	1						52						
3	1						53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8	1						58						
9	1						59	1					
10	1						60		1				
11		2					61						
12	1						62						
13		11					63						
14		2					64						
15		1					65	1					
16		1					66						
17		0					67						
18		0					68						
19		1					69						
20		-1					70						
21		-1					71						
22		1					72						
23		-1					73						
24		-1					74						
25		-1					75						
26		1					76						
27		1					77						
28		-1					78						
29		2					79						
30		1					80						
31		11					81						
32		2					82						
33		-1					83						
34		1					84						
35		0					85						
36		-1					86						
37		-1					87						
38		14					88						
39		13					89						
40		13					90						
41		11					91						
42		-1					92						
43		-1					93						
44		-1					94						
45		1					95						
46		2					96						
47		2					97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	112						TOTAL DEP.						
TOTAL CLAIMS	120						TOTAL CLAIMS						